## ALLOWANCE HOT LIST

Appl.	No.	10/6/9,70/ TC Hylton	Prepared by	Klloyd 10-1-09
Exami	ner-	TC Hylton	Date	10-1-09
JACK	ET: NO	: Primary Examiner box compl		
РТО-8	92/1	1449:		
YES I	NO NO	Examiner's initials or cross-thr Date(s) supplied/complete on a	ough lines supplied all PTO-1449/892 sh	for each item cited by applicant. neets. (Month and year required.)
	NO NO		gs includes descripted in 1 <sup>st</sup> paragraph. (6	ion of each figure in drawings. Can be an insert.)
CLAIM	<b>1</b> S:		,	
	40 40	Claims listed on Notice of Allo Claims correctly numbered in (No duplicate or miss (No incorrect depend	index. sing claim numbers.	wed claims and/or index of claims.
CRFE: YES	NO	If necessary (biological sequ	ence listing).	
NOTIC		F ALLOWABILITY:		4
XES N		1 .11	cepted) or Box No,/8	(corrected drawing request) has